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## BIB DATA SHEET

CONFIRMATION NO. 2209

<b>SERIAL NUMBER</b> 10/806,343	<b>FILING or 371(c) DATE</b> 03/22/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 4143	<b>ATTORNEY DOCKET NO.</b> 065208.00003	
<b>APPLICANTS</b> Alfred L. Williams, St. Petersburg, FL; Michael P. McGinty, New Port Richey, FL; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/456,257 03/20/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/05/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /MICHAEL D Acknowledged CRANFORD/ Examiner's Signature	<input type="checkbox"/> Met after Allowance MDC Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWINGS</b> 5	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> HOLLAND & KNIGHT LLP ATTN: STEFAN V. STEIN/ IP DEPT. POST OFFICE BOX 1288 TAMPA, FL 33601-1288 UNITED STATES					
<b>TITLE</b> Method and apparatus for implementing a defined benefit plan					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		